

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Communications Workers of America Working Voices</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00488486	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Berlin Rosen LTD</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 01 / 2016</b>		
Mailing Address <b>15 Maiden Lane, Suite 803</b>			Amount <b>29000.00</b>		
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10038</b>	Transaction ID : <b>D33484</b>		
Purpose of Expenditure <b>Radio Advertising</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 27 / 2016</b>		
Name of Federal Candidate <b>Nolan, Richard, M, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>08</b> State: <b>MN</b>		
Calendar Year-To-Date Per Election for Office Sought <b>39089.48</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Tell That Story</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>11 / 01 / 2016</b>		
Mailing Address <b>2120 Huntington Drive, Suite B</b>			Amount <b>2192.85</b>		
City <b>South Pasadena</b>	State <b>CA</b>	Zip Code <b>91030</b>	Transaction ID : <b>D33458</b>		
Purpose of Expenditure <b>Direct Voter Contact - Text Msg.</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 25 / 2016</b>		
Name of Federal Candidate <b>Nolan, Richard, M, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>08</b> State: <b>MN</b>		
Calendar Year-To-Date Per Election for Office Sought <b>39089.48</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>31192.85</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>31192.85</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steffens, Sara, , ,

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y  
**11 / 02 / 2016**

Signature